



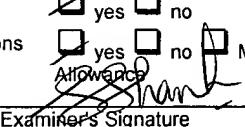
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CONFIRMATION NO. 5056

SERIAL NUMBER 09/763,312	FILING DATE 04/24/2001  RULE	CLASS 601	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. P/2432-38	
<b>APPLICANTS</b>  Daniel Engvall, Halmstad, SWEDEN;  Anders Nilsson, Halmstad, SWEDEN; 					
<b>** CONTINUING DATA *****</b>  This application is a 371 of PCT/SE99/01354 08/09/1999  					
<b>** FOREIGN APPLICATIONS *****</b>  SWEDEN 9802771-7 08/19/1998  					
<b>** SMALL ENTITY **</b>					
Foreign Priority claimed  35 USC 119 (a-d) conditions met  Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no  Met after Allowance  Examiner's Signature  Initials	STATE OR  COUNTRY SWEDEN	SHEETS  DRAWING 3	TOTAL  CLAIMS 8	INDEPENDENT  CLAIMS 1
<b>ADDRESS</b> 2352 OSTROLENK FABER GERB & SOFFEN 1180 AVENUE OF THE AMERICAS NEW YORK , NY 100368403					
<b>TITLE</b> Transportable apparatus for treating menier's disease					
FILING FEE  RECEIVED 565	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )			